

SEP 02 2005

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10775589
	Filing Date	02/09/2004
	First Named Inventor	TOSH ONO
	Art Unit	
	Examiner Name	RAICHALE L. HANEY
	Attorney Docket Number	ONO-T-01

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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☐ Please change the correspondence address for the above-identified application to:

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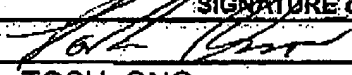
<input checked="" type="checkbox"/> Firm or Individual Name	TOSH ONO		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	TOSH ONO		
Date	SEPTEMBER 2, 2005	Telephone	714 - 379-9413

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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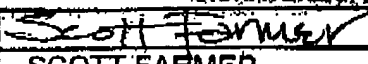
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<input checked="" type="checkbox"/> Firm or Individual Name	TOSH ONO		
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I am the:			
<input checked="" type="checkbox"/> Applicant/Inventor.			
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 8.74. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/99)			
SIGNATURE of Applicant or Assignee of Record			
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Name	SCOTT FARMER		
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